

FAEGRE & BENSON LLP

2200 WELLS FARGO CENTER, 90 SOUTH SEVENTH STREET
MINNEAPOLIS, MINNESOTA 55402-3901
TELEPHONE 612-766-7000
FACSIMILE 612-766-1600

RECEIVED
CENTRAL FAX CENTER

MAR 29 2005

FACSIMILE TRANSMITTAL SHEET

Minneapolis Document Service Center (20th Floor)
Facsimile No. 612/766-1600

THIS TELECOPY IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED, AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

Date: March 29, 2005

Time: 4:50 p.m. (Minneapolis)

Number of pages (including this page): 13

F&B File No.: 59516- Rec.: 597
297217

From: Karl G. Schwappach

Telephone Number: 612/766-7773

To: Mail Stop Amendments
Commissioner for Patents

Fax No.: **703-872-9306**
Phone No.: 703-305-3531

Patent & Trademark Office, Technology Center 3700

Inventor(s): LARRY R. PULKRAHEK

Examiner: GRAHAM, Mark S.

Appln. No.: 10/706,121

Group Art Unit: 3711

Filing Date: November 12, 2003

Title: ARCHERY TARGET WITH
COVERING LAYER

Docket No. 59516-297217

Enclosed for filing in connection with the above-captioned patent application are the following:

1. Amendment and Response consisting of Amendments to the Claims (pp. 2-8) and Remarks (pp. 10-11)
2. One-month Extension Request (1 page)
3. Fee Transmittal for FY 2005 (1 page)

The Commissioner is authorized to charge the \$60.00 One-month Extension Fee to our Deposit Account No. 06-0029. Should any additional fees be required the Commissioner is also authorized to charge these fees or credit any overpayment to Deposit Account No. 06-0029 and is requested to notify us of the same.

If you do not receive all pages, please call the Fax Center at 612/766-1650 or Kristine Stefano at 612/766-7781.

PTO/SB/17 (12-04) (F&B 12/04)

Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818) FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 10/706,121 Filing Date November 12, 2003 First Named Inventor Larry R. Pulkrabek Examiner Name GRAHAM, Mark S.	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit 3711	
TOTAL AMOUNT OF PAYMENT (\$) 60.00		Attorney Docket No. 59516 - 297217	

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 06-0029 Deposit Account Name: Faegre & Benson LLP
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	Fee (\$)	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
		Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP = _____ x _____ = _____						

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP = _____ x _____ = _____			

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE


If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 27 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____				

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: One-month Extension of Time fee
Fees Paid (\$)
 \$60.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent) 35,786	Telephone 612-766-7773
Name (Print/Type)	Karl G. Schwappach	Date March 29, 2005	

SEND TO: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

M2:20703245.01